2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE: 4

## Mar 29, 2004 8:00 am Secretary of State DOCUMENT # P03000059826 1. Entity Name 03-29-2004 90071 007 \*\*\*158.75 SAI RAJ & ASSOCIATES, INC. Mailing Address Principal Place of Business 8005 NW 8TH ST #B-222 8005 NW 8TH ST #B-222 94038488 **MIAMI FL 33126 MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address 8005 N.W Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) B 222 City & State City & State 4. FEI Number Applied For miami. 51-04R3460 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHOSLA, MOHIT 8005 NW 8TH ST #B-222 Street Address (P.O. Box Num Not Acceptable) MIAMI FL 33126 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Delete Mohit. D. Khosla 8005: N.W Br st NAME KHOSLA MOHIT NAME 8005 NW 8TH ST #B-222 STREET ADDRESS STREET ADDRESS Apt # B222 Miami, Fl 33126 MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP TITLE DS TITLE e a Delete Karuna Singh 8005 N.W 8m st Apt SINGH, KARUNA Delete STREET ADDRESS 8005 NW 8TH ST #B-222 STREET ADDRESS # RE224 Miami FL 33126 CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE DT Delete TITLE ☐ Addition NAME MALHOTRA, PUJA NAME STREET ADDRESS STREET ADDRESS 8005 NW 8TH ST #B-222 CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**